

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 91288961 FILING DATE

APPLICANT(S)

CLAIMS C D

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2		1			1	
3	1				1	
4	1				1	
5	1				1	
6	1				Cancel	
7	1				1	
8	7				7	
9	7				7	
10	7				7	
11			1		1	
12			1		Cancel	
13			1		Cancel	
14			1	0	1	
15			1		1	
16			1		1	
17					1	
18					1	
19					1	
20					1	
21					1	
22					1	
23					1	
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50						
TOTAL IND.			3		3	
TOTAL DEP.	27	27	31	31	29	29
TOTAL CLAIMS	28	28	34	34	24	24

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52					1	
53					1	
54					1	
55					1	
56			Cancel			
57					1	
58			Q9			
59			Q9			
60			Q7			
61						
62			cancel			
63			cancel			
64						
65			0			
66			0			
67			0			
68			0			
69			0			
70			1			
71			1			
72			0			
73			0			
74			1			
75			1			
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97						
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99						
100						
TOTAL IND.			5		5	
TOTAL DEP.	27	27	31	31	29	29
TOTAL CLAIMS	28	28	34	34	24	24